

Treatment of Mild Hypertension

Hypertension without evident cause (essential hypertension) is recognized as a major precursor of a number of serious diseases including coronary artery disease, cerebrovascular disease, and hypertensive heart disease. Effective methods of lowering blood pressure are now available and treatment of moderate and severe hypertension occurring in all ages is standard practice. However, treatment of mildly elevated blood pressure—that is, 90 to 114 mm of mercury diastolic—is not yet fully accepted as standard practice since the side effects of treatment for long periods in younger persons are frequently considered more troublesome than the underlying condition, and in the elderly these levels are sometimes viewed as physiological. Evidence supporting a more aggressive approach is now available from the Veterans Administration Cooperative Study Group on Antihypertensive Agents.

Three hundred eighty men (42 percent Black) were randomly allocated to equal sized treatment and control groups and observed for varying periods of time up to five years. Twenty-five patients died of hypertensive or atherosclerotic complications, 19 in the control group and 8 in the treated group. Considering all morbid events over five years, the control group had a rate of 55 percent compared with 18 percent for the treated group. The benefits were evident from the second year on. While the elderly benefited most, even those under 50 showed an effect. There was no difference in response between the races.

This rigorous study lays to rest the contention that treatment of mild hypertension in men over 50 (and probably in women too, although they were not studied) is not indicated. It appears that substantial benefits in prevention of vascular complications and premature death can be realized with an aggressive therapeutic approach.

WARREN WINKELSTEIN, JR., M.D.

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Malaria

During the past several years there has been a rather dramatic increase in the incidence of malaria first reported in the United States. The vast majority of these cases have occurred in veterans returning from Vietnam.

Personnel returning from Vietnam are prescribed anti-malarial medication to be taken after their return to the United States but many have shown that this medication frequently is not taken. Likewise even in Vietnam the anti-malarial medication prescribed is not taken.

The increased use of heroin among troops in Vietnam has resulted in some veterans continuing to use heroin after their return to the United States. These veterans share needles with other non-veteran drug users and if the veteran develops malaria there is the possibility that he may transmit it to his co-users.

The first such case was reported from Ft. Bragg, North Carolina, in July 1970. In December 1970 a cluster of five cases was discovered in a small community in Ventura County, California. Subsequently, 43 cases have been discovered in Kern County, and isolated cases in Yuba and Los Angeles counties.

Physicians should be on the alert for malaria as a possible cause of unexplained fever, particularly in young adults. Since anopheles mosquitos are present in California, there is also the possibility of spread of malaria from the addict community to the general population.

Blood banks, which usually reject donors who are recent veterans because of the fear of malaria, should be on the alert for malaria in other young donors who are possible intravenous drug users.

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